

Imagine That! and Future Tech™ Class Registration Form

Please print and complete this form and fax or mail to Imagine That! Fax: 855-867-5705 Mail: 6365 Spalding Drive, Suite E, Peachtree Corners, GA 30092. You may also turn into representative at Open House.

Easy online registration: www.imaginethatfun.com

Questions? Call us at 770-455-1980

Child's name:		Grade:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date of birth:	Age on Aug 1:
Homeroom Teachers name:					
Allergies / Medical Concerns / Special Needs (please detail). Note this is required information. If needed, we will have an accommodation meeting prior to program. Please understand that if this is not answered accurately and your child's special needs cannot be accommodated, then we will reserve the right to withdraw your child from program without refund.					
May we have permission to photograph or video your child for promotional information for your school and for Imagine That! Inc.? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Mom's name:		Primary phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Dad's name:		Primary phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Address: Street		City		Zip	
Email(s):					
Emergency contact name:		Primary phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Allowed to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency contact name:		Primary phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Allowed to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Program	Subject		Fee	After class will you pick up or will they go to Primetime or ASP?	
Do you want a Shirt? (Fee: \$10) Yes <input type="checkbox"/> No <input type="checkbox"/>					
Tshirt size: Child: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg Adult: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg Sizes can be exchanged at class.					
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover or Check # _____					
Card #: _____ - _____ - _____				Expiration date: ____/____ MM YY	
Name on card:				<input type="checkbox"/> Same as above	
Signature:			Date:	Amount:	

Behavior Contract: Students are expected to display appropriate behavior during Class. In order to keep the students engaged in the process of interactive learning, distractions must be kept to a minimum. Many activities require a cooperative effort. The more students try to get along well with one another and their teacher, the more enjoyable Class will be for everyone involved. Please review these guidelines for behavior that will help your child enjoy Imagine That!

- Pay attention to teachers and follow directions.
- If you have a question or comment, raise your hand; do not interrupt.
- Be respectful to other students, listen to and encourage them.
- No fighting, hitting, spitting, name-calling, or any other form of harassing or disrespectful behavior.
- Ask permission before touching anything that is not handed to you.
- Have FUN!

Cancellation: We at Imagine That! look forward to having your child participate in our exciting classes. However, should it be necessary to withdraw after registering your child, our cancellation policies are as follows:

- Please note that all refund request must be put in an email for tracking purposes.
- There is a \$60 registration fee (included in the price of the class) that is non-refundable.
- The remainder of the fee is refundable up to 1 week prior to the start of class. After that time, there are no refunds available due to staffing considerations.

Late Pick Up Policy

- All children should be picked up promptly at the appropriate time. The following is the price list for late pick up: 1-5 minutes – free; 5-10 minutes - \$1 for each minute thereafter.

Imagine That! Class Release of Liability Form

Although every effort is made to create a safe environment, I realize there is always a risk of accident. As a result, I, the parent/ legal guardian of the participant(s), hereby knowingly and freely assume all risks, both known and unknown even if arising from negligence of others, associated with willing participation in any and all activities through Imagine That! INC., and ANY and ALL affiliated parties. While we strive to make all activities as safe as possible, I understand that there is some element of risk associated with indoor and outdoor play equipment, and classroom activities.

Further, I sign this Waiver of Liability with the understanding that by voluntarily participating in the Imagine That! INC program I, on behalf of myself and the participant(s), and on behalf of my heirs, assigns, personal representatives, and next of kin, voluntarily and expressly release, indemnify, forever discharge, and HEREBY HOLD HARMLESS Imagine That! INC., its owners, their management, directors, officers, members, employees, agents and ANY and ALL affiliated parties from any claims, damages, cost or expenses including those of attorney fees and medical fees, and liability for any such personal injury, disability, death or loss or damage to person or property to the fullest extent of the law.

In case of an emergency involving my child that, in the opinion of the program personnel, school or business representatives present, requires immediate medical or surgical attention, I hereby grant permission to Imagine That! INC. or their subcontractors, authority to obtain the service of a physician or Emergency Medical Technician for treatment and/or transport of my child to the hospital if it is deemed necessary and that I will be responsible for expenses thereof. I understand that I am responsible for making Imagine That! aware of any allergies or medical conditions and limitations that my child may have.

I understand that this is a Release of Liability form. I have read this entire form thoroughly. I am signing this document of my own free will.

X **Signature:** _____ **Date:** _____